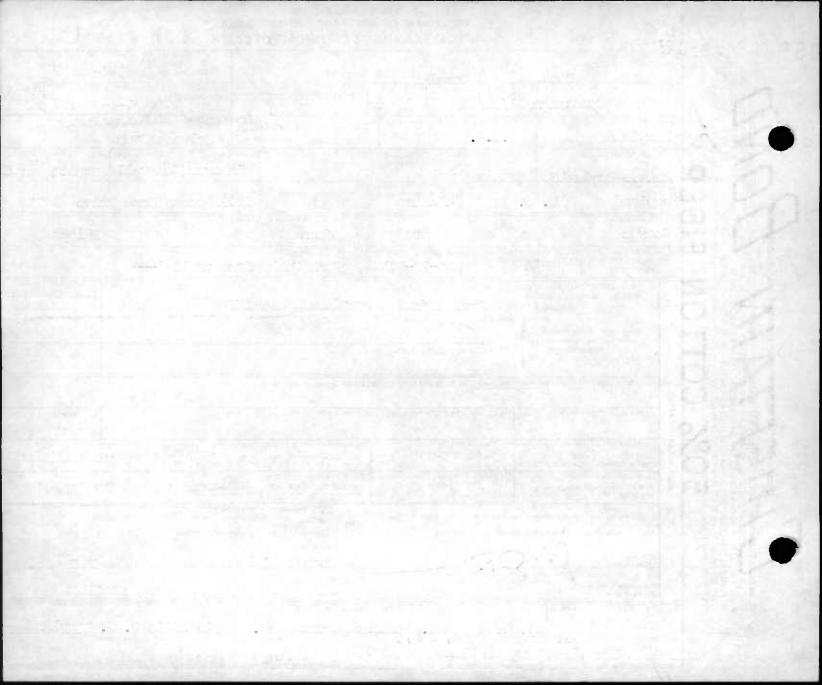
#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTI-DEATH MATED **EDWARD** SR. 872230 M 19 4 RACE IF UNDER 1 YR N 72 HOU DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS. 2c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 05 23 Male DEAD 19 87 White 64 70. BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash., DC USA ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Memoria1 Plant Manager Communication 130. STATE Dunkirk 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Calvert YES NO X 2703 Apple Way/20754 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST James Bailey Mary Howley IL IN ITEM 18. GIVE PAGE RALONG WITH FORM NSIT PERMIT. PAGES 1. A IL HYGIENE, DIVISION OF 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS I (IF YES, GIVE WAR OR DATES) WW II 577-28-863 Evelyn M. Bailey same as 13 above 18 CAUSE OF DEATH (Enter only one couse per life for (o), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF PENCIL II Conditions, if any, which gove rise to immediate couse (a) stating the underlying cause lost. DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 .00 CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE INTERPRETED THE CRETIFICATE, WRITING THE WORD, "PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF MEALT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CER 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Homicide death resulted from: Natural couses Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Emad Al-Banna (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE 23d, LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNT STATE Burial 7-15-87 Md. Veterans Cheltenham PG MD 07/84 BP 24 FUNERAL DIRECTOR NAME RAUSCH FH 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 OWINGS: MD (VR A15 ME (5))

Julia Dendernika



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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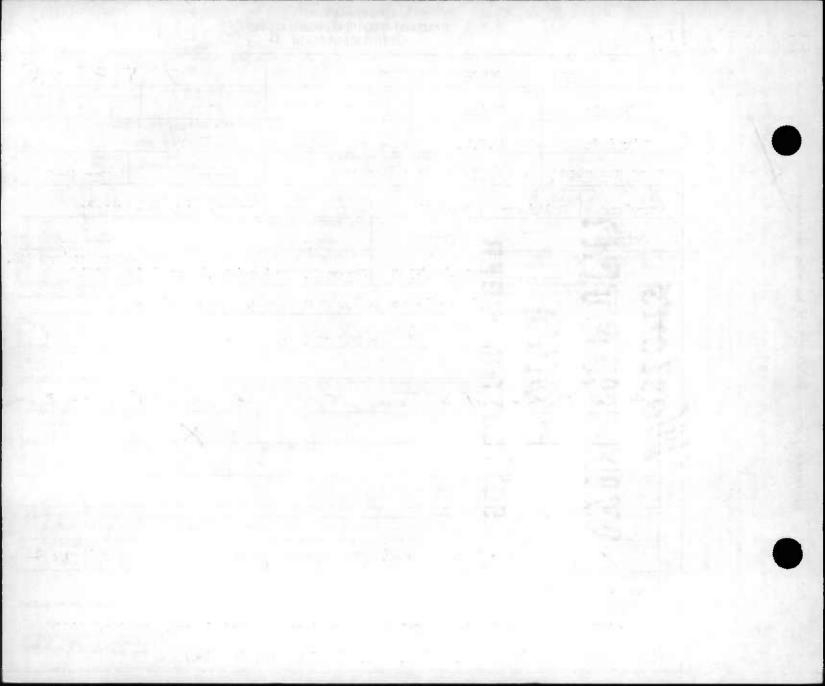
	di	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	0 3	3 2	P P5
		CEASED NAME OR PRINT)	ADA	JOY	CE D	HART	AST	20 DATE OF DEATH W	7 H	VEAR S	10 05 M
	3. SEX	Female		4. RACE Whi	ite	5. DATE C		6. AGE (IN YEARS LAST BIRTH	VRS	TOTAL TOTAL	IF UNDER 24 HRS HOURS MIN.
3		RTHPLACE (STATE OR FOUNTRY) Virginia	OREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	P BALTIMORE CITY OR CALVERT CO	COUNTY OF	DEATH	MD
7		TY OR TOWN OF DEA				G HOME C	SPITAL	12a USUAL OCCUPATION (1YPE OF WORK FOR MOS1 OF NUISE	N 1	26. KIND OF NDUSTRY HOSP	BUSINESS OR
5	13a S	AL RESIDENCE IN NORS	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Dundalk	N ADMISSION)	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	_	/21222	
1	14. FA	John		MIDDLE	Joyce		is mother's maiden nai	MIDDLE		Crock	
2		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	216/40/1		Joyce L. Wor	ADDRES ley/Rte.1,Bo	Prince x 181I	2067	
		18 CAUSE OF DEAT PART I DEATH W	AS CAUSE	ly ane couse per D BY: E CAUSE (a)	line far (a), (b), and	10 /	Dyknows	RY ARR	EST	APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
	NO	Conditions, if ony, gove rise to immore couse (01, stating underlying cause	nediote ig the lost.	(b)	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN II	/	m D'Sesse
2	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	G CAUSES C	GS USED OF DEATH?
7		210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	114		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	ORPART 2)	
-	MEDICAL	216 INJURY OCCUR		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
		220 I certify that (1) sow the deceos obove, (1) (we) (	ed alive an		19	, at	nd that in (my) (our) opinian	, to death occurred an the dat	e and hour and		hat (I) (we) last ouses stated
		226. SIGNATURE	u	12/1	ter c	w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	AN 🗌	7/5	IGNED 7
		MUKESH M		R PRINT)			22e ADDRESS	,			
		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	236 DATE 7/7/1			wn Cemetery	23d LOCATION CITY OF TOWN Baltimore			21224 E
		alter Broo	ks Br	adley,	Inc. Balt	O., M	d. 21222 250 DAT	e recid by registrar 2	Sh REGISTRAR	SIGNATU	Mandall

Walter Brooks Bradley, Inc. Batto., Md. 21222

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

MPORTANT, # 18



060,368

-	FOR
1 -	STATE
	DECKTRAD

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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6-0	U	0	43	-
REG NO				

REGISTRAR			CALL OF PEACE	REG.	NO.					
PEGENSED NAME FIRST	MIDDLE COLLABOR CTC		AST	20. DATE OF DEATH	MONTH 7 1 A	DAY YEAR	26 HOUR			
CIEC	ORGE EDWARD FIS				7-14		0225A			
3. SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST!	BIRTHDAY)	MONTHS DAYS	HOURS MIN			
Male	white		22-02	84	YRS					
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	Y OF DEATH				
Virginia	USA	WIDOWE		Calvert			٨			
IO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY, GIV Calvert Mem			120 USUAL OCCUPA (TYPE OF WORK FOR MOS Enginer		FE) INDUSTRY	OF BUSINESS O			
Prince Frederic			spital	Enginer		Rai.	l Road			
USUAL RESIDENCE (IF NURSING HOM 130 STATE 136 CC	DUNTY 13c. CITY O	RTOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 3812 Da	ZIP CODE	E ods	17.32			
		sapeake	YES NO		Irym	bre K	dad			
14 FATHER'S NAME	MIDDIE	each	15 MOTHER'S MAIDEN NA	MIDDLE		1A1	51			
Richard	Daniel Fish		Ora	W.		loark "				
6a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES!	L SECURITY NO	17 INFORMANT		RESS	Chesa	apeake			
NO	223-0	9-0489	Louise V Le	ewis PO B	OX 31	-2 Bea	ach MD			
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	r anly one cause per line far al,	(b), and (c).)	2/2010			BETWEEN	ONSET AND DEAT			
	DIATE CAUSE (a)	V60.	man, a	-						
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	) 10,	ISECUENCE OF	2. 11.	~						
anderlying cause last.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0									
	NT CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	a			
190 DATE OF OPERATION				20g AUTOPSY?	Lan. In vin	S. WERE FINDI	1051000			
190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES TO NOT	IN CERTI	FYING CAUSES				
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR		1		140			
OR COLUMNIC COLUMN OF	DEATH HOUR A.M. MONT									
IF EITHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION							
	(AT HOME, STREET, FACTORY,	OFFICE, FARM ETC )	STREET	CHYOR	IOWN	COUNTY	STATE			
AT WORK	oraștal) attended the decorred	1-m	11-2 10 8	7 -7-1	4	1027	the Contract of the Contract o			
saw the deceased alue	220.1 certify that (1) this haspital attended the deceased from									
aboye, (I) (we) did) (did	not view the bady after death.		DEGREE	-		22r DATE	SIGNED			
1 -	21-	7-	14-2							
220 HATTE IAN'S NAME IN	n dans	-	22e ADDRESS	DIRECTOR PHYS	ICIAN []	16	1 9			
Craig Jeschk	M.D		Owings, Ma	wryl and	20726					
		122		123d LOCATION	20736					
230. BURIAL, CREMATION, REMOVE Burial	7/16/87	ZSC. NAME OF C	emetery or crematory ncoln Cemete	CITY RION	nehur	-2 M	Marytha			
	, ,			EIREC'D YREDETRA						
4308 Suitland	DA Cuitla	runeral		FLEC & MEBOTION	KEGIS	IKAK S SIGNA	TUKE			
4200 BUT CTQUE	i Mu. Bulliai	id Hary	Land							

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for unwith the State Dept of He WPORTANT, if hern 21 is

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director, page 3

TO FUNERAL DIRECTOR After this certification of the burner of the Stote Dept. of Health and Mental

retained by the hospital er

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DHMH - 16 60M 7/B (VRA 15, 4)

TO HOSPITAL OR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG NO				

67	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG	REG. NO.	0 3 3	in the second		
	CEASED NAME FIRST	MIDDIE	t.	AST	20 DATE OF DEATH MO	NTH DAY YEAR	2b HOUR		
	RUTH	MURIEL GOTT			7	/8/87	1900P		
3. SE	Х	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS			
	Female	White	9/1	./99 DAY YEAR	87	YRS			
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	JNTRY? 8 MARRIEI	NEVER MARRIED	BALTIMORE CITY OR C				
	ryland	USA	WIDOWE		Calvert Co				
	rince Frederick	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIV Calvert Memo	VE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife	ORKING LIFE) INDUSTR	of Business of Bus		
USU. 13a	AL RESIDENCE HE NURSING HOME OF	DR OTHER INSTITUTION, GIVE RESIDENTY 13c. CITY C	CE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI P. O. Box 5	P CODE			
	ATHER'S NAME ENSON C. Hardes	MIDDLE L.	15 MOTHER'S MAIDENNA FIRST Hattie Scr	MIDDLE	4	AST			
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS				
No	(YES, NO OR UNKNOWN) (IF YES O	A 214-	74-6953	Monnett Go	tt, Same as #	13 A-E			
CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION FOR		The Same	20m AUTOPSY? 20	ION GIVEN IN PART!  Ob. IF YES, WERE FIND  V CERTIFYING CAUSE	INGS USED		
Ħ	Sales Sales Sales					YES [	NO [		
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIFETHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	HEM TE PART I OR PART 2)			
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	22a   certify that (1) his hospital) attended the deceased from Clother 19 3, to July 19 7, that (1) we) lost sow the deceased live on July 19 17, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) we) (did ) did not view the body after death.								
	276 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE SIGNED  220. DATE SIGNED  7 - 8 - 8 - 7								
	224 PHYSICIAN'S NAME (TYPE			72e ADDRESS					
	Dr. Ronald T								
	Burial, cremation, remove Burial	23b. DATE 7-11-1987		Memorial UMC	23d LOCATION CITY OF TOWN	county	State Marv]		
24. F	UNERAL DIRECTOR DOT	ald V. Borgwa			E REC'D. BY REGISTRAR 256				
R+	t 264, Box 34B	Port Republi	ic. Maryl	and 20676 JU	L 1 7 1987 4	lia Davidson.	Randaces		

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CALLED TO THE STATE OF THE STAT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 REGISTRAR DECEASED NAME 20 DATE KNOWN X 26 HOUR (TYPE OR PRINT) OF ESTI-F ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. BETAIN PAGE 5 POR YOUR FILES. HOULD BE FILED WITHIN 72 HOURS RECORDS, 201 JU PRESTON STREET, RICKY DEATH MATED ALLEN **GROSS** 19 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. 2d HOUR 20 DATE LAST SIRTHDAY PRONOUNCED 10. Sept. 2 1970 Male Black. 16 19 D TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Maryland DIVORCED Calvert County D. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Student OR INDUSTRY Lusby Ranch Club-off Rt. 760 (Water USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NO E Box 1-G Sollars Wharf Rd. 20657 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Calvert Lusby Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ON SOLO SERIES DE SERIES DE SERIES SERIES DE S MIDDLE LAST FIRST FIRST Chase Eva Edward James Gross 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO Eva Gross Box 1-G Sollars Wharf Rd. D "PENDING" IN PENSELIN ITEM 18. G ILE MEDICAL EXAMNER, ALENG WIT SED AS A BURIAL - TRANSIT PERMIT. P. PF HEAITH AND MENTAL HYGEINE, DIV IAL, CREMATION, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning MMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PEPAGE A SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL ILLECTOR: PAGE 3 SHOULD BE USED. A AFTER DEATH. WITH HE STATE DEPARTMENT OF HE BALTEMORE, MATCH TO BURIOL OF USED. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR 女女 MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 8:10 P.M. Subject drowned 21e PLACE OF INJURY 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC 1 CITY OF TOWN WHILE AT WORK NOT WHILE Ranch Club- off Rt. 760, Lusby Md.-Calvert Co. Water 22a. I certify that I took charge of the remains described above, held an and in my opinion Accident K Undetermined manner death resulted fram: Natural causes ACTUAL SIGNATURE MEDICAL EXAMINER 111 Penn Street, Balto. Md. EXAMINER'S NAME Ann M. Dixon, M.D. 21201 (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

.07/84 25M

**DHMH - 17** 

(VR A15 ME (5))

Burial

24. FUNERAL DIRECTOR

July 6, 1987

Johns Chr. Cem

Lushy Calvert

STATE Md

Box 31 Prince Frederick, Md Spencer E. Sewell

Two Compliant for the court of 

Box 34B, Port Republic, Maryland 20676

F.H 8/5/87 Kam

DHMH - 16 60M 7/84 (VRA 15, 4)

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REG. NO.				

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND M		IENE /	REG. NO	2 0	3 3	5 /
	87	CEASED NAME OR PRINT)	FIRST	MIDI	DIE	(	AST		20 DATE C	F DE ATH		DAY YEAR	26 HOUR
ľ			ROBERT	.10	)HN	- 1	FSTER				07	11 87	3030 M
1	3. SE>	X	4 RA			5. DATE C			& AGE (IN	YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
1	М	210	AU.	White						62		MONIHS DAYS	HOURS MIN.
3	7a. BII	RTHPLACE (STATE OR FO	REIGN 76. CT		AT COUNTRY?	8			9 BALTIM	ORE CITY O		OF DEATH	
/			.c. U	.S.A.			75		C	1	C +		MD.
₹			H 11. N	NAME OF HO		G HOME C			12a USUAL	OCCUPATI	ON	126. KIND C	OF BUSINESS OR
9	р	rince Frede	rick	Calve	ort Momo	rial	Hospita	1	Gas S	tation	Oper		-employed
								Y LIMITS?	13e STREET 6610 I	ADDRESS / Michel	zip code 1e Dr	ive 2	20639
4	14. FA		AAIDD S		IAST				ME	MIDDLE		ŁA	
X	C	7 111 21								MIDDLE		Den	
	160 W	VAS DECEASED EVER IN				RITY NO.				ADDRE	\$5		
1	,		WW II		12-20-20	)79	Barbar	a S. L	ester	sam	e as	13e	
		PART I. DEATH WA  // Conditions, if any, so gove rise to imme cause (a), stoting	S CAUSED BY-	USE (a) DUE TO, OR A	S A CONSEQUE	NCE OF		ma o	nred nred	lun	L.	BETWEEN	imaté intérvai Onset and déath
	NOI			ITIONS <u>CON</u>	TRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CONI	OITION GIV	/EN IN PART 11	a
1	TIFICAT	19a DATE OF OPERATION	I NC	96 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUT	OPSY?	IN CERTIF	YING CAUSES	NGS USED S OF DEATH?
1		OR CONTRIBUTING CA	USE OF DEATH			YEAR	21c HOW INJ	URY OCCURR	RED (ENTERN	IATURE OF INJUR	Y IN ITEM 18 P	PART 1 OR PART 2)	300
	MEDI	WHILE NOT WHILE				ARM ETC )	211 LOCATIO STREET	N O		CITY OR TO	WN	COUNTY	STATE
		sow the deceased abave (I) (we) (did				۵٦, ۵۱	nd that (in (my))	aur) apinion o	, to death accurr	ed on the do	ate and hou	or and from the	tho (we) last couses stated
1		226. SIGNATURE	W	IM			A1 P	HYSICIAN [	MEDICAL	STAF		7 -	SIGNED
		1000		100			22e ADDRESS						
	230 B	BURIAL, CREMATION, RE	EMOVAL 236	DATE	23c. N	AME OF C	EMETERY OR C	REMATORY				COUNTY	STATE
Male				P.G.	MD								
	24. FL							250 DAT	E REC'D. BY	REGISTRAR	256. REGIST	TRAR'S SIGNA	TURE
	Rau	sch Funera	1 Home,	Box 45	Owings	,MD 2	0736	HUL	171	181 St	ha die	argest - Km	MANAGES .

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked at TO FUNERAL DIRECTOR: After the should be detached for use as the with the State Dept. of Health and

TO HOSPITAL OR ATTENDING PHYSICIAN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

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9		. )	3	-
REG. NO.	0	~	-	

367 JUL 3	h 18	FOR STATE			DEPARTI		EALTH AND MENTAL HYC	GIENE	203	3 8
	-	REGISTRAR	FIRST		MIDDLE		AST	REG. N	MONTH DAY YEAR	25. HOUR
o ∞ €		OR PRINT)	FIRST		MIDDLE		1001	20. DATE OF DEATH	MOINTS DAT TOAK	ZB. HOUR
noy be			Charl	es	R	0.4.07	ison		87	2300
m mo	3. SE	(		4 RACE		5. DATE (		6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YE	
ge 4		Male		I	Vhite		09 06 99	87	YRS.	, noons
2 32 10-		RTHPLACE (STATE OF	OREIGN		WHAT COUNTRY?	8.		9. BALTIMORE CITY	OR COUNTY OF DEATH	
1 12 60		nnsylvania		USA		WIDOW	D NEVER MARRIED	05.1	THE STATE OF	
1 11/15		TY OR TOWN OF DEA	ATH		HOSPITAL NURSIN		OR OTHER INSTITUTION	Galvert	ION 175 KINI	D OF BUSINESS
美 起 69				(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTI	RY
1 11		ince Frede			rt Memori			Machinis	. 105	GOV.T NA
、好到	130. 5	AL RESIDENCE (IF NURS STATE Aryland	136. COU		13c. CITY OR TOW Solomon	/N	13d INSIDE CITY LIMITS?	General I	/ ZIP CODE Delivery, 20	0688
Wat All	M.FA	THER'S NAME					15. MOTHER'S MAIDEN NA			
1 12/14	Æ/hi	ardy Madis	on	WIDDLE	LAST		Amy Bacon	MIDDLE		LAST
1 100	16a V	VAS DECEASED EVER		RMED FORCES?	16b SOCIAL SECU	IRITY NO	17. INFORMANT	ADDR	ESS 1623 Tuc	akon Ros
175.11	N	PES. NO OR UNKNOWN)		AR OR DATES)	715-16-				ington, Md.	
A 05 - 15/	74	J	1/	1/1	717-10-	1,00,	nica noran	, rue masil		
语 峰和 5		18 CAUSE OF DEAT PART I. DEATH W	H (Enter o	nly one couse per	line for (a), (b), on	rd (c).)		10	BETWE	CRIMATE PITERVAL ENCONSET AND DEA
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The low requires that the death certilitate between editions and securiticate has been signed by the ottending for common committee to certificate has been signed by the ottending for common committee to common the hand Mental Hygiene prior to buriol, cremotion, a runneral force to the second force of them 18 shows only injury, or other troumpting energy the medical commercial them.		PART I. DEATH W		TE CAUSE (o)	· Meto	-sta	hic Conce	2 of 10	state	-147
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		e 100 or		DUE TO, O	R AS A CONSEQU	ENCE OF	sphalia 2	to Vseud	obulbar Pale	4 -1-0
e dec move notion frou		Conditions, if ony, gove rise to imr		(b)	- 1	7				
by the ose rem		couse (a), statin	g the	DUE TO, O	R AS A CONSEQU	ENCE OF	Car	2120	4	da
thot id by leose iol, c		underlying couse	1051.	( (c)_			34	713		8
equires signed Then ple to burin	z	PART 2. OTHER SIGN	VIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
	CERTIFICATION	190 DATE OF OPERA	1001	Line conto	ITION FOR WALLEN	ODEDATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIN	DINICCUED
Sony	S S	190 DATE OF OPERA	HON	196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPST	IN CERTIFYING CAUS	
The lo icion.	E							YES NO	YES 🗌	NO 🗌
7 % SOI W	7 8	21a. ACCIDENT WAS UNE	-		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART	2)
SICIAI ng ph certifii riol-tr entol I	¥	OR CONTRIBUTING		PAIR	M. MONTH D	19				
HYSICIA nding ph nis certifi buriol:1 Mentol or Item	MEDICAL	21d INJURY OCCUR		21e. PLACE		17	211 LOCATION			
PH rend	ME				REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	STATE
orke ork		AT WORK AT WO	RK .	Jan Janes						
S m s		22a.1 certify that (1)	(this hosp	oitol) ottended th	e deceosed from_		7 198,197		23/, 198	2. that (I) (we)
TTE orto of For		sow the deceose		of) view the body	25 195	1,0	nd that in (my) (our) opinion	death occurred on the b	ote and hour and from t	he couses stated
OR All DIREC Oched f Dept. of t tem		77% SIGNATURE	Policy Transport	GIT VIEW THE DOLLY	OFTER ORGER	100	DEGREE	/	71c DA	ITE SIGNED
		5	3-	. 0	a ca	2	ATTENDING .	MEDICAL STA		-24-8
HOSPITAL ined by th FUNERAL uld be dere othe Stote	-				000			DIRECTOR   PHYSI	IAN	74-0
d be SPI		226. PHYSICIAN'S NA	AME (TYPE	OR PRINT)	MENTS II	-	22e ADDRESS			
TO HOSPITAL retoined by the Should be de- with the Stote		Atul Sha	h. M.	D.			Prince Frede	rick Maryl	and 20678	1
5 € 5 € ¥ ¥	230 F	BURIAL, CREMATION.			234	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	7.0076	
0.0		SPECIFY		7-27-			ection Cemete		COUNTY	STATE
BP		Burial	10 -		2701	COULT	ocoron cemere	ry crinton,	Pr. Geo.'s	, Maryl
DHMH - 16 60M 7/B4		JNERAL DIRECTOR	Don	ald v. E	orgwardt		-25 DA	TE MOCIO BY REGISTRAF	1254 REGISTRAR'S SIGN	ATURE
0.004.7784	R+	264 Box	34B	Port Re	anuhlic.	Marvl	and 20676 JUL	9 1307	Julia Divideon	·· Kandass

DHMH - 16 60M 7/B4 (VRA 15, 4)

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			STATE REGISTRAR		MED	ICAL EXAMIN	ER'S CERTIF		GATE	0FG 20 6 -	220	
		1. DE	CEASED NAME	FIRST		MIDDLE	LAST		B 2 DATE KN		DAY A DIAR	76 HOUR
	Ba302:	{IYP	E OR PRINT)	AYER	2	7	MILLE	מי	OF E	ATED Tarle	171907	1006
04	5 30 21	J IDEX	4 RA		DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHDA	RS IF UNDER 1 YE	R. IF UNDER 24 I		MONTH Y	DAY YEAR	28 HOUR
	SN S	m	ale wh	ite		.941 46 YR	. Indiania Dais	HOURS MI	PRONOUNCE DEAD	D	19	
-	SA SE		RTHPLACE (STATE OF		6. CITIZEN OF WHA	AT COUNTRY?	MARRIED X	NEVER MARRIED	9. BALTIMOR	E CITY OR COUNT	OFDEATH	
	257/			sh DC	USA		WIDOWED	DIVORCED	Calve	ert Memori	al	MD
2	世級最初	10. CI	TY OR TOWN OF DI	EATH		ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS)	OR OTHER INSTI		FOR MOST OF WORKING		OR INDUSTI	ISINESS RY
10		Pr:	Ince Frede	rick	Calvert 1	Memorial Ho	spital_	C	onst. Sup	ervisor	Gov't.	
21201	ANY DE AND 3 TO RETAIN FOULD BE RECORD & RECORD	13a. S	TATE MD	113b. COUNTY	other institution, give vert	RESIDENCE BEFORE ADMISSION CITY OR TOWN Ches. Bea	ch 13d. INSID	E CITY LIMITS? 136	730 27th	St PO Box	45/207	32
MD.	= 25.83.3	14. FA	THER'S NAME					THER'S MAIDEN N	JAME			
	TA SES		Edgar		MIDDLE	Miller		Ida	MIDD	_	ers	
WOR	N O A G		VAS DECEASED EVE			166. SOCIAL SECURITY		DRMANT		ADDRESS		
BALTIMORE,	S AFTER DEATH GIVE PAGES 1, ITH FORM PM PAGES 1 AND VISION OF VA	(1)	es, no, or unknown)	(IF YES, GIVE W.		214-36-401	8 Mab	el L. Mi	ller (sam	ne as 13 a	bove)	
	SAN		18 CAUSE OF DEA	ATH (Enter anly	one cause per l	ar (0), 19), or (c).)	10	•	0		APPROXIMATE BETWEEN ONSET	
N S	ERW BRW BRW BRW BRW BRW		PART I DEATH	IMMEDIATE		dden	arara	ac a	rrive	`.		
STO	A STATE OF THE STA				DUE TO, OR A	S A CONSEQUENCE C	OF -	1 -	L 7 .	0 1.		
7	A SAN SAN SAN SAN SAN SAN SAN SAN SAN SA	O),	Conditions, if gove rise to	immediate	) 611	rome 1	creere	OSCU	unle	Coudu		
× ×	ONE SAME		cause (a) statin		DUE TO, OR A	S A CONSEQUENCE C	F					
5, 20	55000	14	BADY & OTHER CICALIES	UIT CONDITIONS CO	1 100	luntar a	MINI	•				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	C Z Z Z Z Z	z	PARI Z UTHER SIGNIFICA	INI CONDITIONS CO	NIRIBUTING TUBEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE OR CONDIT	TION GIVEN IN PART 1	ol.			
REC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATION	19a. DATE OF OPER	RATION	19b. CONDITIO	ON FOR WHICH OPER	ATION WAS PERFO	ORMED?			20 AUTOPSY?	,
TAL	18 X 20 X	IFIC.									YES 🗆	NO [
F V	世界を記し	ER .	210 EXTERNAL CA	USE WAS	21b. TIME OF I		21c. HOW INJU	IRY OCCURRED (E	ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART		140 🗀
NO	A PROPERTY OF THE PROPERTY OF		UNDERLYING CONTRIBUTING			MONTH DAY YEAR	100					
/ISIG	PRINCE PROPERTY AND	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE OF	INJURY (AT HOME,	21f. LOCATION STREET					
ā	WRIT WARD VAGE	\$	AT WORK AT	T WHILE WORK	STREET, PACTO	RT, FARM, ETC.)	SIKEEL		CITY OR TOWN	COUN	₹TY	STATE
	A A A E S A A E S		22s. I certify tho	t I taak charge	of the remains descr	ibed abave, held on	Autapsy .	Inspection	], Inquiry	, and in my apri	nian	
	MIN WIN		death resulted fra	m: Noturo	courses 1	Accident , Sui	ide , Hor	micide . U	Indetermined mann	er ,		
	EXAM CERTI WITH WARY		ACTUAL A	NI C	111	A Du.	TITLE	(SPECIFY)		DATE	2/11	180
	BESEE -		SIGNATURE	MYV	91.	9/0000	(m)		MEDICAL EXAMIN		1/11/	0)
	WED TO THE TOTAL		EXAMINER'S NAM	E 172	A1 7		The second			170		/
	TO MEDICAL DE EXECUTE THE COPAGE 4 SHOUL TO FUNERAL DATER DE ATTER	73n RI	(TYPE OR PRINT)URIAL, CREMATION,		L Al-Banna	23c. NAME OF CEM	ADDRESS	ALM: NO.	ce Freder	ick, Md.		
07/84		(5	Buria]		7-15-87		Gardens		unkirk	Calvert		ATE
25M	BP	24. FI	JNERAL DIRECTOR							256 REGISTRAR'S SH		
	DHMH - 17 (VR A15 ME (5))		Ra	ausch Fl	H Owings	, MD 20736		JUL	171087	Aulia Tina	on Penda	M.

ACTION TRANSPORTED TO THE STATE OF THE STATE

Interest tradeling Calvery Convert Travel Control Control

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AUG -4

or other troumatic event, the

I director, page 3 hours after death

# STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

87.	STATE REGISTRAR			DEPAK	CERTIF	ICATE OF DEATH	8 /	REG. NO.	U	3 6	10
	CEASED NAME	FIRST	A	AIDDLE	t.	AST	2a DATE OF D	EATH MON	NTH DA	Y YEAR	26 HOUR
		Fav_	R.	0	berlin			7	2	7 87	12:15 pm
3. SE	X		4. RACE		5. DATE C		6 AGE (IN YEA	RS LAST BIRTHDA	Y) IF	UNDER I YEAR	IF UNDER 24 HRS
F	'emale		White		Jan.	14, 1921 YEAR	66		YRS.	DATS	HOURS MIN,
70. B	IRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE	CITY OR C		OF DEATH	
Ak	ron, Ohi	0	U.S.A.		WIDOWE		Calve	rt			MD.
10 C	ITY OR TOWN OF	DEATH	11. NAME OF H	HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OC				OF BUSINESS OR
Pr	ince Fre	derick		t Memori		pital	Secret				aw Firm
USU	AL RESIDENCE (#		OTHER INSTITUTION.		RE ADMISSION)		13e STREET AD	DDECC / 71	0.0000	411	
	aryland	Cal		Prince	Fredri	131. INSIDE CITY LIMITS?		Box 2	-	20678)	
14, F/	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME				
1	Joseph		MIDDLE	Shure		Margaret		MIDDLE		Gross	
	WAS DECEASED E	VER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	100	WASPIES	arton		20036
	YES, NO OR UNKNOWN	(IF YES, GI	E WAR OR DATES)	132-03-	1691	Michael Conl					
		PAYLI (Cotoo	1			riciael com	COII, ESC	urre, s	1010		CIMATE INTERVAL ONSET AND DEATH
	PART I. DEAT	H WAS CAUSE		QARD)		MARRY AR	REST				HOURS
		IMMEDIA	TE CAUSE (o)	4,311,100	1001		1-00(			-	MONICO
	C 191		DUE TO, OI	R AS A CONSEQ	UENCE OF					124.8	
	Conditions, if gove rise to	immediate	(b)				N/				
	cause (a), s underlying c		DUE TO, OF	R AS A CONSEQ	UENCE OF						
			(c)								
CERTIFICATION		CHRONI		R.UCTIVE	•	MONARY DI	SERSE	OR CONDITI	ON GIVE	N IN PART 1	0
CAT	19a. DATE OF OP	ERATION	1%. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOP	5Y? 20	L IF YES,	WERE FINDI	NGS USED S OF DEATH?
僵							YES	NOTA	YES	_	NO [
CE	210. ACCIDENT WA		110110 1	FINJURY M. MONTH I	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN	ITEM IB PAR	T 1 OR PART 2)	
AL	OR CONTRIBUTING		min .		19						
MEDICAL	21d. INJURY OC		21e PLACE			211. LOCATION	74	CITY OR TOWN		COUNTY	STATE
2	WHILE NO	T WHILE	(AT HOME, STR	EET, FACTORY, OFFICE	, FARM, ETC )	ZIMEET		CITTORTOWIN		COUNT	31410
		73	ital) attended the	e deceased from	7/2	7 19 37	to	7/2	9	9 87	that () (we) last
			7/27			d that in (my) (aur) apinion	death accurred	on the date	and hour		
	22b. SIGNATURE	(e) (did) (did no	t view the body	ofter death.		DEGREE				22c DALE	SIGNED,
	(V)	1-9-A)	xeal			ATTENDING	MEDICAL DIRECTOR	STAFF		171	24/87
	226. PHYSICIAN	S NAME (TYPE	BERRINTY U			22e. ADDRESS	_P DIRECTOR [	PHISICIAN		Md. 2	0678
						Calvert Med	igal Ar	te 1212	~ · D·		
22.	Charles BURIAL, CREMATI			122	NAMEOFO	EMETERY OR CREMATORY	123d LOCAT		9.,11	LIIICE	Trederic
	Burial, CREMAII	ON, REMOVAL	7/31/3				CITY OF	RTOWN	222221	COUNTY	STATE
		R DANIGA			EMODEA	vid Memorial L CHAPELS 250 DAI	E REC'D BY PE	SISTRAPIOSE	REGISTE	AR'S SIGNA	Lax; va.
11	70 Rocky	71110 D	ike. Pos	Local 1 100 PESS	MA 20	U CHAPELS ON DAI	L ALC D. DI KE	231 NAN 230.	KEGISTK)	AK 3 3IGNA	IOKE
TI	. TO ROCK	TILE F.	TIVE! INC.	VATITE!	PLL. 20	100Z	0.0				

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DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be detached for use as the burial-tranility with the State Dept. of Health and Mental Hydrian

IMPORTANT: If Item 21 is morked or Item 18

2		TATE REGISTRAR				PARIME	CERTIF	ICATE OF	DEATH	B	REG. N	2	0	3 4		
I		CEASED NAME FOR PRINT) Mar	RST		E .	Plow		AST		20. DATE	OF DEATH	MONTH 7	21	YEAR 87	26. HOU	
Ì	3. SE>		7	4 RACE			5. DATE C	OF BIRTH		6. AGE (1	N YE ARS LAST BIF	RTHDAY)	IF UN	DER I YEAR	IF UNDER	
1	F	emale		White			NON		L901	1	8	5 YR:	MONIF	S DAYS	HOURS	MIN.
ŀ	7a BII	RTHPLACE (STATE OR FORE	EIGN	76 CITIZEN OF V	WHAT COU	NTRY? 8	8			9. BALTIN	ORE CITY O			HTAS		
	Vi	rginia		USA			MARRIE		MARRIED	Ca	lvert					445
1		TY OR TOWN OF DEATH		11. NAME OF H	H FACILITY, GIVI	NURSING E STREET AD	HOME C	OR OTHER IN:		120. USUA (TYPE OF W	OCCUPAT	OF WORKIN	G LIFE) IN	DUSTRY	F BUSINE	
4	Pr-	Ince Frederi	Lck	Calvert	Memo	rial	Hos	pital_		CTE	erica.	1 .1	PLUM	BING	IN	-
	130. S Ma	ryland 131	b. COUN		13c CITY O	RTOWN		esicl		68-F	ADDRESS Vir			tree	206 et	78
	14. FA	THER'S NAME Augustus		MIDDLE	Ro	we			's MAIDEN NA	ME	MIDDLE		M	onro	je	
1		VAS DECEASED EVER IN		MED FORCES?	16b. SOCIA	LSECUR	ITY NO.	17. INFORM	ANT	10.00	ADDR	ESS C	Star	Rt	#1	
1	(1	No	IF TES, GIVI	: WAR OR DATES)	578-	-07-	9848	Pati	cicia V	Willo	uahby				ard	MI
	CERTIFICATION	PART 2 OTHER SIGNIFI	diote the last.	BRA	INTRIBUTING SX	IG TO DE	ATH BUT	NOT RELATE	NR1	AINAL DISE		IDITION	GIVEN IN	PART 11	IGS USED	)
1	TIFIC									YES [	NO	IN CEI	YES 4		OF DEAT	
	MEDICAL CER	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU   IF EITHER NOTIFY MEDICAL	SE OF DEA	TH HOUR A./	M. MONT M.	H DAY	YEAR		NJURY OCCUR	RED (ENTER	NATURE OF INJU	JRY IN ITEM	18 PARTIC	OR PART 2)		
	MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e. PLACE ( (AT HOME, STR		OFFICE, FAR	M, ETC )	211 LOCAT			CITY OR TO	DWN		OUNTY	51	TATE
		220.1 certify that (1) (the saw the deceased above, (1) (we) (did)	alive on	7/7	/	_194	57 ar	nd that in (my	) (aur) opinion	death occur	rred on the d	late and	, 19_4 haur ond		that (1) (w causes sta	
		22b. SIGNATURE	2/	4/1/6	ige/	10		DEGREE	ATTENDING PHYSICIAN [	MEDICA DIRECTO	L STA			7-5	SIGNED 22	9>
			HR	H. M	EIGE		4)	22e. ADDRE	7260	2-	PRIN	CE	FRE	506	RIC,	K
		SURIAL, CREMATION, REA SPECIFY) Burial		23b. DATE 24July					Cemete	ery	CATION ITY OR TOWN Suit]			PG	Mc	
	24. FL	NAME ROBert	EV	Vilhelm	l ADI	DRESS	5 m c	MD	JUI	2 7	1987	esh REC	DEPLO	SSIGNAT	URFALL	
		Funera	al l	101116	_ Su	TTT	ana,	MD.			-	1				

Suitland, MD.

DHMH - 16 60M 7/84

(VRA 15, 4)

injury, or other troument

IMPORTANT: If Item 21 is marked or Item 18 shows any

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g two last tests	er Comment interest	The state of the state of
		number of the second
Section Visit Time		
San Color Color		

## STATE OF MARYLAND

						51	TE OF MARYLAN	D					
59396 JUL 1	97	FOR STATE			DEI	PARTMENT O	HEALTH AND ME	NTAL HYGI	ENE				
33330 000	1	REGISTRAR				CERT	IFICATE OF DEA	ATH	B / REG	NO2	0 ,	5 4	2
		CEASED NAME	FIRST		MIDDLE	-	LAST		20. DATE OF DEATH		DAY	YEAR	2b HOUR
oge 3	(TYP)	Cor	del	ia	Μ.	Rı	ssell			7	2	87	7:15 AM
poor poor	3. SE	X	9 7 9	4 RACE		5. DAT	OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UND	ER 1 YEAR	IF UNDER 24 HRS
off of		Female		White			NTH DAY	900	07	VDS	MONTHS	DAYS	HOURS MIN.
1 11		RTHPLACE   STATE OR FO	REIGN	76 CITIZEN OF	WHAT COU	NTRY? 8.			87 9 BALTIMORE CITY	OR COUN		EATH	
125		MD		τ	JSA		NED NEVERMAN	RRIED 🔲	Calve:	rt			AAT
こう かんき のか	10 C	TY OR TOWN OF DEAT	TH			URSING HOM	OR OTHER INSTITU		120 USUAL OCCUPA	TION			BUSINESSOR
5 1 11 16	P:	rince Fred.				Nursi	ng Cente	er	housewife			dustry domes	stic
22 1 25	U\$U.	AL RESIDENCE (IF NURSINGTATE		OTHER INSTITUTION	GIVE RESIDENC	E BEFORE ADMISSIO	N)						
8 % IF 55	130.	MD		lvert	Sund	erland	YES TO N	OXT	Rt. 2 & D			24/20	1690
H TO KILL	14. F	THER'S NAME		,			15. MOTHER'S M		AE .	TIT AIM	DIE 1		003
MAR I IN		Henry	D.	MIDDLE	Dowe1	1	Be	ttie	WIDDLE		Go	over	
# 8 8 7		VAS DECEASED EVER I			166 SOCIA	L SECURITY NO	. 17. INFORMANT		ADD	RESS			
OW . See 1	n	YES, NO OR UNKNOWN)	n/i	a war or dates)	217-4	4-2913	Charle	otte	Russell	Sund	erla	and,	Md.
A CALL		18 CAUSE OF DEATH	I Enter on	ly one cause per	line for (a),	(b), and (c)							NATE INTERVAL
1 4 69/1		PART I. DEATH WA		Ď BY: TE CAUSE (o)	04	لمونا	monu	ar.	vr24				
N S			MINEDIA	100000	D 45 4 CON	SEQUENCE OF				LEGIL			
STO		Conditions, if ony,	which	( b)	K AS A CON	SEQUENCE OF							
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		gove rise to imme	ediote	DUIT TO O	2 15 1 501	CEOURNICE OF							
by the by the control of the control		underlying couse		100000	K AS A CON	SEQUENCE OF							
20 res 1 ple urio /, or r	40	PART 2 OTHER SIGN	FICANTO	ONDITIONS CO	ONTRIBUTIN	G TO DEATH B	UT NOT RELATED TO	THE TERMI	NAL DISEASE OR CO	NDITION C	JIVEN IN	PART I(n	
RDS, significant to be niturn	NO O	advince	Ω	Orvini	1	in 511	0		retusion				
Bee bee	I A	190 DATE OF OPERATI	ON	196 COND			ION WAS PERFORM	1 1	200 AUTOPSY?	20b. IF Y	ES, WER	E FINDING	GS USED
L RE lo	Ē	in the property							YES NOT		TIFYING (	CAUSES	OF DEATH?
VITAL RE ICANSICION. ICOTE hos ronsit per Hygiene: 18 shows	CERTIFICATION	210. ACCIDENT WAS UNDE	RLYING [	216. TIME O			21c HOW INJUR	RY OCCURRI	ED (ENTER NATURE OF IN			R PART 2)	
ON OF VIII		OR CONTRIBUTING CA		(III)	M. MONTI	H DAY YEA							
ON ding ding Men or Its	MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY		211 LOCATION					DUNTY	
DIVISION OF VITAL RECORDS, OFFICIAL STATE IN THE IOW require of the this certificate hose signs as the buriol-tronsit permit. Then the ond Mental Hygiene prior to be orked or them 18 shows ony injury orked or them 18 shows ony injury or the	2	WHILE NOT WHILE	E []	I AT HOME STE	REET, FACTORY, O	OFFICE, FARM, ETC.)	STREET		CITY OR	IOWN	(0	JUNIT	STATE
3 o a a o E	0	220.1 certify that (i) (	his hospi	tol) ottended th	e deceosed	from	7	19 31	10 112	\	19	1	hotethiwe) lost
TTEN Sirtol TOR: For us		sow the deceased above (1) we) (di	olive on	7 6/2	1	19 50	and that (my) (ou	ır) opınion d	eoth occurred on the	date and hi	our and f	om the c	ouses stated
OR A bose oched Dept.		226. SIGNATURE	o paio no	T) yew the body	offer death.		DEGREE				2:	2c DATES	IGNED
교수 교육이다	23	1/					ATTE	SICIAN	MEDICAL ST DIRECTOR PHYS	AFF		7-2	-97
HOSPITAL ned by it FUNERAL Juld be det othe Stote		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT}			22e ADDRESS	SICIAIN IS	DIRECTOR   FINTS	ICIAIN		,	. 01
TO HOSPITA efound by TO FUNERA should be de with the Stot		Dr. Ror	bler	Ross	M D		Dring	Fre	derick,	Marz	lanc	1 20	678
0 g 0 g x x x	23a F	BURIAL, CREMATION, R			H.D.	123c NAME OF	CEMETERY OR CRE		I23d LOCATION	mary.	Lanc	1 20	070
BP		Burial		7-6-87	7		ship UM C		Friends	hin	A A	ITY	STATE
	24 FI	JNERAL DIRECTOR	Titol	1.00		TTTCHO	DILL OF C		REC'D. BY REGISTRA		AA ISTRAR'S	SIGNATI	MD IRE
DHMH - 16 60M 7/84 (VRA 15, 4)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									المرابحة		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Smith

MARRIED A NEVER MARRIED

YES T

17 INFORMANT

13d INSIDE CITY LIMITS?

NO TA

Jennie York

Catherine Smith

9-13-1906

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION.

Calvert Memorial Hospital

Samuel

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

16b SOCIAL SECURITY NO.

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Lusby

YEAR

IENE REG. NO	0	3	4	3	
20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
07 0	8 8	7	13	190	00 <sub>M</sub>
6. AGE (IN YEARS LAST BIRT	HDAY)		RIYEAR	IF UNDER	
80	YRS	MONTHS	DAYS	HOURS	MIN.
9 BALTIMORE CITY O		Y OF DE	ATH		
Calv	ort				MD.
170 USUAL OCCUPATION	NC	12b.	KIND OI	BUSINE	
Personal	Direc	tor	US (	Gove	ment
P.O. Box	ZIP COD	2065	57		
WIDDIE			LAST		
ADDRE	SS				-
Smith, Same	as #	13 A	-E		
		В		MATE INTER	
Prelling	no.				
/					
NAL DISEASE OR CON	OITION GI	VEN IN F	ART lia		
YES NOT				GS USED OF DEAT	
ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR	PART 2)	311	

80 ORTAN

FUNERAL DIRECTOR unit be deteched for us h the State Dept. of He

(VRA 15, 4)

CERTIFICATION 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. abave, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE

230 BURIAL, CREMATION, REMOVAL

FOR

- STATE

(TYPE OR PRINT)

3 SEX

Male

Minn.

130. STATE

No

Maryland

4. FATHER'S NAME

YES, NO OR UNKNOWN

REGISTRAR DECEASED NAME

TO BIRTHPLACE (STATE OF FOREIGN

10 CITY OR TOWN OF DEATH

Prince Frederick

James Hart Smith

Conditions, if any, which gave rise to immediate cause (a), stating the

underlying cause lost

190 DATE OF OPERATION

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

FIRST

0scar

136 COUNTY

Calvert

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT

PM

18 CAUSE OF DEATH (Enter only one couse per line for (a

4 RACE

White

USA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

76 CITIZEN OF WHAT COUNTRY?

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

THE TERMINAL DISE

21c. HOW INJURY OCCURRED (ENTER

STAFF

22c. DATE SIGNED

STATE

Mahin Yazdani, M.D.

Huntingtown, Maryland 23c. NAME OF CEMETERY OR CREMATORY

20639

Cremation

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

7-11-1987

Metropolitan Crematory

22e. ADDRESS

II. LOCATION

STREET

Alexandria.

Fairfax

Donald V. Borgwardt

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

and that in (my) (aur) opinian death accurred on the date and haur and from the causes stated

Port Republic, Maryland 20676

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K FA						
181,18	Lites , ei sin	male t		-11-V		noldston.

60222 JUL 2	2 82	D.F.	STATE OF MARYLAND	VO IPAUS	
00222 0002	- SIAIE	DE	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	et / n	
	REGISTRAR	FIRST MIDDLE	LAST	REG. NO.	DAY YEAR 2b HOUR
	LIVER OF SOLES	114	Sting1e		20 1100%
> 0 9	3. SEX	Agnes 4. RACE		6. AGE (IN YEARS LAST BIRTHDAY)	13 87 2149 <sub>M</sub>
ector. p	Female	White	5. DATE OF BIRTH Sept. 26, 1917	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	MONTHS DAYS HOURS MIN.
2	To. BIRTHPLACE (STATE OR FO	REIGN 76. CITIZEN OF WHAT COU	NTRY? 8 MARRIED   NEVER MARRIED	RALTIMORE CITY OF COUNT	TY OF DEATH
(2)	Pennsylvania	USA	WIDOWED DIVORCED K		MD.
	O CITY OR TOWN OF DEAT	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION (E STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	12b. KIND OF BUSINESS OR
2136	USUAL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION, GIVE RESIDENCE 36 COUNTY 13c. CITY O			DE .
127	Henry Walter	Stockdill	15. MOTHER'S MAIDEN N Elsa Febin	AME	LAST
7 1	NO WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT		54, West 4th gon 97401
an paysicia an papers. emaval. event, the	PART I. DEATH WA	(Enter anly ane cause per line for (a), S CAUSED BY, AMEDIATE CAUSE (a)	(b) and ici.) Color pulmonan	irrost	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
and by the atternation by the atternation bound, cremation		diate the last.    DUE TO, OR AS A CON   (c)   M	ISEQUENCE OF CHARLES TO THE TER	The rupture functions of the rupture	IVEN IN PART Ito
7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	DN 196. CONDITION FOR	which operation was performed	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES \( \text{NO} \)
burial-tra	OD CONTRACTOR TO CA	USE OF DEATH HOUR A.M. MONT	TH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	
rkeder II	(IF EITHER, NOTHEY MEDICA  21d. IN JURY OCCURRE  WHILE AT WORK  NOTHING  CA  CA  CA  CA  CA  CA  CA  CA  CA  C	CAT HOME STREET EACTORY	OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is ma	220.1 certify that (1) (1	his haspital) attended the deceased office on the deceased ((did not) yiew the body after death		, ta, ta	, 19 , the (1) (we) last our and from the causes stated
e Dept. : If Item	22b. SIGNATURE	Control deding	DEGREE	MEDICAL STAFF	221. DATE SIGNED
should be deta with the State IMPORTANT: II	228. PHYSICIAN'S NAM	0	PHYSICIAN 220 ADDRESS	DORECTOR PHYSICIAN Aderick. Maryland	
5 # 3 X	230. BURIAL, CREMATION, RI		23c. NAME OF CEMETERY OF CREMATORY	23d. LOCATION	20070
	Cremation	7-17-1987	Metropolitan Cremat	CITY OF TOWN	Fairfax. Virgini
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	Donald V. Borgwa		TE RECOUNT PER PARTIES TECH	STRAR'S SIGNATURE
NH - 16 60M 7/84 (VRA 15. 4)	R+ 264 Box 3		Maryland 20676		

060222 JUL 2287

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the control is a control of the same of the control S.A. Mosts oth Town negatio , success, afterior mercan w De 7-01-121 Town 741/413 / Netwoodling grants or Alexandria, Fairlas, Wireland Jacob rol . I history

Set Man, and Man, and the late, late and allege

060214

the funeral director, page 3 d within 72 hours after death

the attending physician and completely remove corban papers. Pages 1 and 2 st

### STATE OF MARYLAND

2	87	FOR STATE 'REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	23 7	.0	0 3	.3
1		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF D	REG. NO.	DAY YEA	AR 2b. HOUR
L				Coffman		Stump	07		87	1150
3	. SE)		4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEAR	25 LAST BIRTHDAY)	MONTHS DA	YEAR IF UNDER 24 H
Ļ		emale	Whi		05	06 00	87		'RS.	
		odstock, VA	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED			INTY OF DEATH	Н
_		TY OR TOWN OF DEATH			WIDOWE	DIVORCED DIVORCED	Ca.	lvert	I tal Kib	ND OF BUSINESS
Υ.			(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FO	OR MOST OF WORK	ING LIFE) INDUST	TRY
		Ince Frederick AL RESIDENCE (IF NURSING HOME O		rt Memori		spital	House	wife ·	1 01	wn Home
I	30. S 1a	ryland St	NTY	Mechan:	/N	IYES NO [	13e STREET AD		280	20659
0		THER'S NAME David Wa	1ton	Coffma	an	15. MOTHER'S MAIDEN NA/ FIRST Anna		MIDDLE	Ric	hards
1.		VAS DECEASED EVER IN U.S. AI	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	9	ADDRESS V	ictori	a Drive
l	N		VE WAR OR DATES	213-12-	-9276	Lowell St				ro, Md.
12		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause pe	er line for (a), (b), op	dicul					PROXIMATE INTERVAL
L			EĎ BY: TE CAUSE (a)	240	KIN E	rarom luc	arr	tes		
	CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	(c)		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C		N GIVEN IN PAR	
	TIFIC	THE ST STEWNSON								JSES OF DEATH?
		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A	DEINJÜRY I.M. MONTH D. I.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATUR	RE OF INJURY IN ITEM	M 18 PART I OR PART	Т 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	FARM, ETC )	211. LOCATION STREET	(	CITY OR TOWN	COUNTY	Y STATE
ı		220. I certify that (II) (this hosp saw the deceased above of above (II) (etc.) (did ) (iid)	3111	10		nd that in (my) (our) apinion	death occurred o	an the date and	d hour and from	, that (1) we) i the causes stated
		12h SIGNATURE					MEDICAL DIRECTOR	STAFF PHYSICIAN		TATE SIGNED
		22d PHYSICIAN'S NAME (TYPE	1 1	2025 M	5.	22e ADDRESS Prince Frede			20	678
2	3a B	URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY		IOWN	COUNTY	STATE
L		Burial			Cedar	Hill Cemet	ery	Suitla	and Po	
2	4. FU	NAME ROBert E	Wilhe:	lm ADDRESS		25a. DAT			GISTRAR'S SIGI	
		Funeral I	Iome	Cii	itla	JUU 5M 5m	20 198	/ Chilia	Deviden-	Kandalib

Suitland, Md

DHMH - 16 60M 7/84 (VRA 15, 4)

Funeral Home

BP

TO FUNERAL DIRECTOR. should be detriched for un with the State Dept. of He MPORTANT, H IN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SUTTON

5. DATE OF BIRTH

	0	(7)	1
	NO	0	0
REG	NO		

REG. N	10	J		0		
E OF DEATH	MONTH	DAY	YEAR	26 HOL	JR	
	07	05	87	043	35 A.	M
(IN YEARS LAST BE	RTHDAY	IF UNDE	RIYEAR	IF UNDER	24 HR5	
9	YRS	MONTHS	DAYS	HOURS	MIN.	

12 12 07 Female Black. TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland **IISA** Calvert County

LAST

Savage

166 SOCIAL SECURITY NO

WIDOWEDK DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Calvert Memorial Hospital

MIDDLE

12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Domestic

13e STREET ADDRESS / ZIP CODE

126 KIND OF BUSINESS OR INDUSTRY

20657

USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION 130. STATE 13b COUNTY GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Maryland Calvert Lusby 14 FATHER'S NAME

MIDDLE

4 RACE

FIRST

LUCINDA

Box 25-D Olivet Rd. 15 MOTHER'S MAIDEN NAME

NO T

13d. INSIDE CITY LIMITS?

MIDDLE LAST

Elizabeth ADDRESS 17 INFORMANT

ă

2a. DAT

6 AGE

Vanessa Willett Box 125 G-1Prince Fred.MD

PART I. DEATH WAS CAUSE	y ane cause per line for (a), (b), and (c), because per line for (a), and (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	

<u>Contributing to death</u> but not related to the terminal disease or condit

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES 🗌	NO 🗌	
210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	n	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STAT	

AT WORK AT WORK	
220.1 certify the (1) this hospital ottended, the deceased from	
sow the deceased of the solution of the deceased of the deceased of the solution of the deceased of the deceased of the decease of the deceas	that in(m) (aur) apinion death occurred on the date and hour and from the causes stated
22h Sicarature	FGREE 124 DATE SIGNED

22e ADDRESS

PHYSICIAN

ATTENDING

Dr. Charles Judge 230 BURIAL CREMATION REMOVAL

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

STATE

MD

Buria]

FOR

TYPE OR PRINTS

No

3. SEX

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or other troumotic event, the

shows

morked or Hem 18

if Hem

MPORTANT:

STATE

REGISTRAR I. DECEASED NAME

Pr. Frederick

Hubert

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

July11,1987 Eastern Chapel Cem.

Calvert Lusby 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

STAFF

24 FUNERAL DIRECTOR

Spencer E. Sewell Box 31 Prince Fred.MD20678

JUL 1 3 1987

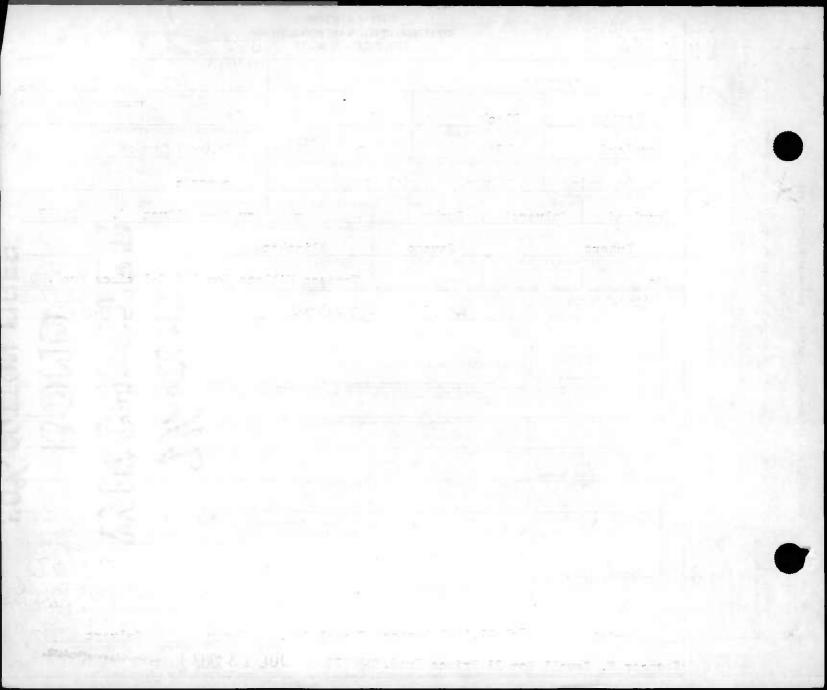
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched with the Stote Dept.

FUNERAL DI

0

for use as the burial-tronsit permit, of Health and Mentol Hygiene prior



ARTMENT OF HEALTH AND MENTAL HYGIENE 062584 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OF ESTI-2b. HOUR OR PRINT DEATH MATED Williams Robert R. REET 4. RACE DATE OF BIRTH 2d HOUR DATE RONOUNCED 9:43 187 Male White 1-24-1914 DEAD TO BIRTHPLACE (STATE Manila 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Calvert County, Philippine Islands USA DIVORCED JO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Physician Health Care Calvert Memorial Hospital Prince Frederick 20657 | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | 2005/7 | YES | NO IX | Box 268, Preston Point Rd. 3a. STATE 1136. COUNTY 13c. CITY OR TOWN Calvert Maryland Lusby 15. MOTHER'S MAIDEN NAME 14-FATHER'S NAME Robert R. Augusta Perrish 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO. T. PAGES DIVISION 215-38-9868 Yes Margaret M. Williams, Same as # 13 A-E MENTAL HYGIENE, DIY, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALONG IMMEDIATE CAUSE (a) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A HEALTH 20 AUTOPSY? USED OF HE 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? NO L TO MEDICAL EXAMINER: THIS CERTIFICATE SY EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CTO FUNCTION. THE CATE OF PAGE 3 SHOULD BE AFTER DEATH, WILL HE STATE DERARMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 15 15 Driver of auto/auto collision 211. LOCATION 21d, INJURY OCCURRED 21e. PLACE OF INJURY STREET, FACTORY, FARM, ETC.) STATE COUNTY WHILE NOT WHILE AT WORK street Rt.4 & Coster Rd.-Lusby Calvert MD. 220 I certify that I charge of the remains described above, held an Autopsy V Inspection Suicide death resulted frag atural dauses Homicide TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn St., Balto. Md. (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Cremation Metropolitan Crematory Alexandria, Fairfax, Virginia 07/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S TOWN ... 25M 24 FUNERAL DIRECTOR Donald V. Borgwardt **DHMH - 17** Rt 264, Box 34B, Port Republic, Maryland 20676 (VR A15 ME (5))

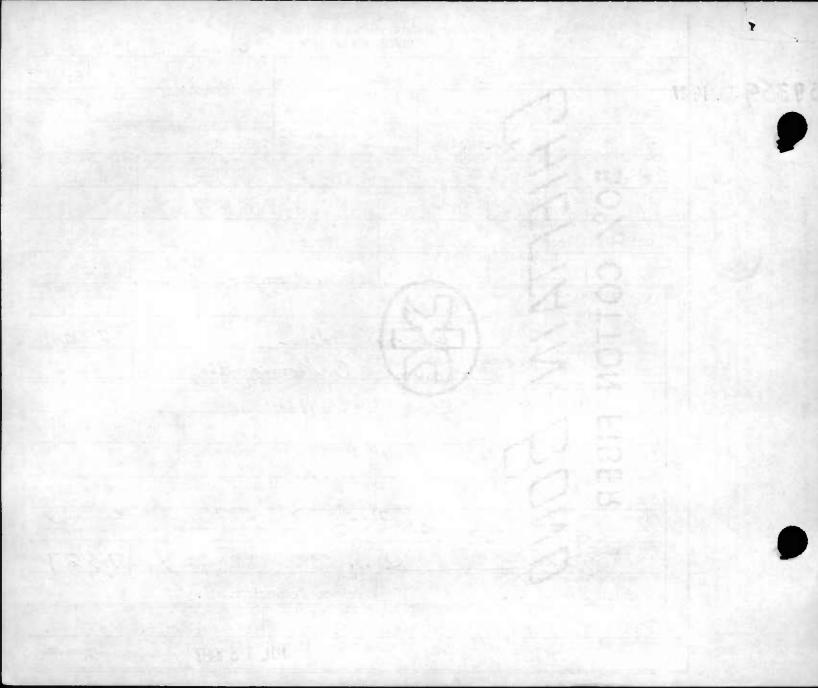
STATE OF MARYLAND

all shariss enterville The design of the state of the pushilly all times Augusta Landings Land All A strainer, granted and the strainer of the strainer Selection . Selection . strong and a selection . Well-find a moltanar January . . Almos the fire, lox 363, loxe no uplies, confirm abounts 1 1981

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1		REGISTRAR		CERTIF	ICATE OF DEATH	1	8 REG. N	0. 2	0 0	4 8
		CEASED NAME FIRST	MIDDLE	L	AST	20.	DATE OF DEATH	MONTH D	AY YEAR	26 HOUR A
	(F) . 579	Aurel	lia J.	Woo	od		July 3	. 1987	,	6:55 A
	3. SE		4. RACE	5. DATE C			GE (IN YEARS LAST BIR	THDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	White	Au	gust 8, 19	900	86	YRS	DATHS DAYS	HOURS MIN.
-	76 BI	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUN	STRY2 8	D NEVER MARRIE	0 P	ALTIMORE CITY O	R COUNTY	OF DEATH	
1	Ma	aryland	U. S. A.	WIDOWE			alvert			MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITUTIO		USUAL OCCUPATI-			F BUSINESS OR
		cince cederick	Calvert Memo		spital	H	omemaker	P WORKING [IFE]	Own I	Home
-	130. S Man	AL RESIDENCE (IF NUCSING HOME OF STATE 136 COUNTY AND	NTY 134 CITY OR	RTOWN	13d INSIDECITY LIM		street address 00 Wright	zip code on Rd.	,/2071	1
,	N.	EIRST	MIDDLE	51	15 MOTHER'S MAIDE		MIDDLE		LAST	
4	Sa	amuel Isa	ah Jones	S	Nanc	ey .	Louvin			ady
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	1	1400 RE	Wright	on Rd.	
١		No	- 4		Lois S. M	1immov	ich-Lothi	an. Md	2071	
ı		18 CAUSE OF DEATH (Enter on	nly one couse per line for (o), (	bi, and ici-					APPROXIA BETWEEN C	MATE INTERVAL ONSET AND DEATH
١	-	PART I. DEATH WAS CAUSE	TE CAUSE (o)	irdio						
ı	/	887	DUE TO, OR AS A CONS	SEQUENCE OF	0					
١		Conditions, if ony, which	( (b)	Julmon	un Eden	n			1	dup
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF .	0 0		1.			0
١		underlying couse lost	(c) Hyr	seitensi	re Cardo	comy	oputh		7.	lai
	NON	PART 2 OTHER SIGNIFICANT	-	GTO DEATH BUT	4 . 30 .	E TERMINAL	L DISEASE OR CONI	DITION GIVE	N IN PART 110	
Ì	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	2	Oe AUTOPSY?		WERE FINDIN	
	THE		The State of			1	ES NO	YES		NO [
Š	G.	210. ACCIDENT WAS UNDERLYING		L DAV VEAD	21c. HOW INJURY O	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM IB PAR	RT I OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DEA	AIN	19						
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		CITY OR TO	WN	COUNTY	STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, O	OFFICE, FARM ETC.)	SIREE		CIT ON TO			JIAIL
į		22a.1 certify that (1) (this hospe		rom	, 19_	87	10 7/3		9 8).1	hot (I (we) lost
į		the three sed olive on	of view the body attendenth.	19.8.7., or	d that in (my) (our) of	pinion deotl	n occurred on the do	te and hour	and from the c	ouses stoted
1		226. SIGNALURE	O O		DEGREE		100	\ ,	THE DAY	SIGNED
I		1200	2//		M.D. ATTEND	ING M	EDICAL STAF		7/3	127
1		22d. PHYSICIAN TRAME	OR PRINT)		22e ADDRESS	V		, ,	11	-
		Charles Judge	, M.O.		Prince F	reder	ick, Md.			
1	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF C	EMETERY OR CREMAT	TORY 2	3d LOCATION			
	É	Burial	7/7/87	Epiphan	y Cemetery	7	Forestvil	le(Pr.	Geo's)	Md.
	24 FL	NERAL DIRECTOR Colema	an Funeral Hor	ne, 145			C'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATE	JRE
	St	reet, Upper Man	rlboro, Maryla	and 207	72	JUL	1 3 198/	1	rundom-l	halone

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)



completely filled in by the funeral director, page 3

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR			DLI AK	CERTIF	ICATE OF DEATH	III OILIIL	REG. NO.	20		1 0
1		CEASED NAME	FIRST		MIDDLE		AST	2a.	DATE OF DEATH MONTH	-		h HOUR
	1	OK / KINI)	Marior	1	G.	Zehr	ner		July 3	, 1987	1	1:10P <sub>M</sub>
	3. SEX	(		4. RACE		5. DATE (			GE (IN YEARS LAST BIRTHDAY)	MONTHS I		FUNDER 24 HRS
		Female		Whit		Aug				RS.		
1		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED		ALTIMORE CITY OR COU	NTY OF DEAT	Н	
		sh. Stat		U.S.		WIDOWI			Calvert			MD.
9	Pr	ince Free	derick	Calver	t County	et acoress) Nursi	ng Center	(TYP	USUAL OCCUPATION TO THE OF WORK FOR MOST OF WORKIN Homemaker		or of B	ome
Sal		AL RESIDENCE (IF )	13h COU		13c. CITY OR TO Vienna	WN	136. INSIDE CITY LIMITS	S?   13e.5	STREET ADDRESS / ZIP C 9120 Leesbur	g Pike,	1221	8099
A	14. FA	THER'S NAME		MIODLE	TAST		15. MOTHER'S MAIDEN	NAME	WIOOFE		TAST	
6	11	Walter		G.	Griffi	ths	Fannie	е	Moote	S	tron	lg .
ā		VAS DECEASED EV		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRESS			
0		No	(IF 7E 5, G17		579-54	+-9046	Karen Luca	as, S	ame address	as #13	•	
t q		18. CAUSE OF DE PART I. DEATH				and (cu)	Heast F	= :	معد	BET	PROXIMA	SET AND DEATH
eased			IMMEDIA	TE CAUSE (o)	(Sugas)	100	100	7000				
Les		Conditions, if a	one which	DUE TO, O	R AS A CONSEO	UENCE OF	etic Hea	et -	Disease		-	-
re		gove rise to	immediate	)					-			
-			use lost.	(6)	R AS A CONSEO	UENCE OF						
国	7	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	TERMINAL	DISEASE OR CONDITION	GIVEN IN PA	RT Iro	Diseas
Σ	TIO	Chroni	c atu									<b>3</b> -5
Deputy	CERTIFICATION	190 DATE OF OPE	A	196. COND	PIA		N WAS PERFORMED			F YES, WERE FI ERTIFYING CAI YES	USES OF	
)er		210. ACCIDENT WAS	_	110110 4	M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED	ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PAR	tT 2)	4-7-11
	EDICAL	(IF EITHER NOTIFY A	MEDICAL EXAMINE	P.	M.	19						
Ja	AEDI	21d. INJURY OCC		21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	COUN	LA	STATE
bal	•	AT WORK AT	WORK		13. 1				-			
Albana.		22a. I certify that saw the dec above, (I) (we	eased alive or	-T . Y	7 3, 19		, 17	nion death	to occurred on the date and	hour and from	tho	ot (I) (we) lost uses stated
)r		22b. SIGNATURE	Nes	slegar			DEGREE	10 . 14	FDICAL STAFF	22c [	DATE SIG	
1			1 7:	-		7		AN X DI	EDICAL STAFF RECTOR PHYSICIAN	7	10/	5 T
		22d. PHYSICIAN'S	+				22e ADDRESS		2 01 13			774
			da G.						egard St.,Al	exandr:	La,	VA
		SPECIFY)		23b. DATE			EMETERY OR CREMATO		3d LOCATION	n . D COUNTY		STATE

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital or attending physicial

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. TI with the State Dept. of Health and Mental Hygjene prior t IMPORTANT: If Hem 21 is morked of them 18 shows any in

20016

Burial 7/7/87 Rock Company of the Property of

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE.

JUL 13 1987 Julia Davidson Res Julia Divider Randall

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